

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

TELEPHONE: (714) 557-3800

 INTELLECTUAL PROPERTY LAW
 12400 WILSHIRE BOULEVARD, 7TH FLOOR
 LOS ANGELES, CA 90025

FACSIMILE: (714) 557-3347

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 From: William W. Schaal, Reg. No. 39,018

 Our Docket No.: 42390P6729 Number of pages 5 including this sheet.

 Application No.: 09/540,166 Filing Date: 3/31/2000

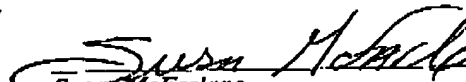
Docket Due Date(s): _____

Enclosed are the following documents:

- | | |
|---|---|
| <input type="checkbox"/> Amendment: _____ (_____ pgs) | <input type="checkbox"/> Issue Fee Transmittal |
| <input type="checkbox"/> Appeal Brief (_____ pgs) | <input type="checkbox"/> Notice of Appeal |
| <input type="checkbox"/> Application: _____ | <input type="checkbox"/> Petition for: _____ |
| (_____ pgs) w/cover & abstract) | <input type="checkbox"/> Request for Continued Examination (RCE) |
| <input type="checkbox"/> Assignment & Cover Sheet (_____ pgs) | <input type="checkbox"/> Reply Brief (_____ pgs) |
| <input checked="" type="checkbox"/> Certificate of Mailing _____ | <input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i) |
| <input type="checkbox"/> Continued Prosecution Application (CPA) | <input type="checkbox"/> Request to Rescind Previous Nonpublication Request |
| <input type="checkbox"/> Declaration & POA (_____ pgs) | <input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter |
| <input type="checkbox"/> Drawings: _____ sheets, _____ figures | <input type="checkbox"/> Response to Written Opinion (_____ pgs) |
| <input type="checkbox"/> Extension of Time: _____ | <input type="checkbox"/> Terminal Disclaimer |
| <input checked="" type="checkbox"/> Fee Transmittal (in duplicate) | <input type="checkbox"/> Transmittal of Publication Fee Due |
| <input type="checkbox"/> IDS & PTO/SB/08 (_____ pgs) | <input checked="" type="checkbox"/> Transmittal Letter |
| <input type="checkbox"/> Other Comments on Statement of Reasons for Allowance _____ | |

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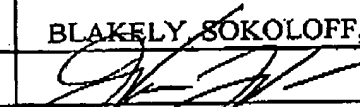
 6/16/2005
 Susan McFarlane Date


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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	09/540,166
		Filing Date	March 31, 2000
		First Named Inventor	Scott A. Roscberg
		Art Unit	2673
		Examiner Name	Vincent E. Kovalick
Total Number of Pages in This Submission	4	Attorney Docket Number	42390P6729

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Comments on Statement of Reasons for Allowance </div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William W. Schaal, Reg. No. 39,018 BLAKELY SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	June 16, 2005

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Typed or printed name	Susan McFarlane	Date	June 16, 2005
Signature			

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/1) 06/04/2004.
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete If Known

Application Number 09/540,166
Filing Date March 31, 2000
First Named Inventor Scott A. Rosenberg
Examiner Name Vincent E. Kovalick
Art Unit 2673
Attorney Docket No. 42390P6729

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman L.L.P.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.
☐ Charge fee(s) indicated below, except for the filing fee
☐ Credit any overpayments

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
12	20*	0	\$0.00
Independent Claims	2	0	\$0.00
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 300	2203 100	Multiple Dependent claims, if not paid
1204 300	2204 150	**Reissue independent claims over original patent
1205 300	2205 150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$)

*or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1051 130	2051 65	Surcharge - late filing fee or oath
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet
2053 130	2053 130	Non-English specification
1251 120	2251 60	Extension for reply within first month
1252 450	2252 225	Extension for reply within second month
1253 1,020	2253 510	Extension for reply within third month
1254 1,690	2254 735	Extension for reply within fourth month
1255 2,160	2255 1,080	Extension for reply within fifth month
1401 500	2401 250	Notice of Appeal
1402 500	2402 250	Filing a brief in support of an appeal
1403 1,000	2403 500	Request for oral hearing
1451 1,510	2451 1,510	Petition to institute a public use proceeding
1480 130	2480 130	Petitions to the Commissioner
1807 50	1807 60	Processing fee under 37 CFR 1.17(d)
1808 110	1808 110	Submission of Information Disclosure Stmt
1809 760	1809 395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810 790	2010 395	For each additional invention to be examined (37 CFR § 1.129(b))
Other fee (specify)		
SUBTOTAL (2)		(\$)

Fee Paid

SUBMITTED BY

Name (Print/Type) William W. Schaal

Signature

Registration No.
(Attorney/Agent)

39,018

Telephone

(714) 557-3800

Date

06/16/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (vtr) 12/16/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

Application Number 09/540,166
Filing Date March 31, 2000
First Named Inventor Scott A. Rosenberg
Examiner Name Vincent E. Kovalick
Art Unit 2673
Attorney Docket No. 42390P6729

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman I.L.P.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.
☐ Charge fee(s) indicated below, except for the filing fee
☐ Credit any overpayments

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
12	20*	50.00	\$0.00
Independent Claims	2	200.00	\$0.00
Multiple Dependent Claims			

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	Fee (\$)
1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 360	2203 180	Multiple Dependent claim, if not paid
1204 300	2204 150	**Reissue independent claims over original patent
1205 300	2205 150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$)

*or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	Fee (\$)
1051 130	2051 65	Surcharge - late filing fee or oath
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet
2053 130	2053 130	Non-English specification
1251 120	2251 80	Extension for reply within first month
1252 450	2252 225	Extension for reply within second month
1253 1,020	2253 510	Extension for reply within third month
1254 1,600	2254 795	Extension for reply within fourth month
1255 2,180	2255 1,080	Extension for reply within fifth month
1401 500	2401 250	Notice of Appeal
1402 500	2402 250	Filing a brief in support of an appeal
1403 1,000	2403 500	Request for oral hearing
1404 1,510	2404 1,510	Petition to institute a public use proceeding
1400 130	2400 130	Applications to the Commissioner
1807 50	1807 50	Processing fee under 37 CFR 1.17(a)
1806 180	1806 180	Submission of information Disclosure Sheet
1809 780	1809 395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810 780	2810 395	For each additional invention to be examined (37 CFR § 1.129(b))
Other fee (specify)		
SUBTOTAL (2)		(\$)

Fee Paid

SUBMITTED BY

Name (Print/Type) William W. Schaal

Signature

Registration No.
(Attorney/Agent)

39,018

Telephone

(714) 557-3800

Date

06/16/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wk) 12/15/2004
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application. No. : 09/540,166
Applicant : Scott A. Rosenberg
Filed : 03/31/2000
TC/A.U. : 2673
Examiner : Vincent E. Kovalick

Confirmation No. 2691

Docket No. : 042390.P6729
Customer No. : 8791

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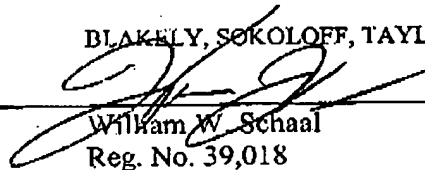
COMMENTS ON STATEMENT OF REASONS FOR ALLOWANCE

Applicants are assuming that the Examiner's statement of reasons for allowance is to be taken in light of the structure and interaction recited in the claims. Applicants note that the Examiner's various comments should not be used to read non-existent limitations into the claims.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Date: June 16, 2005


William W. Schaal
Reg. No. 39,018

12400 Wilshire Boulevard
Seventh Floor
Los Angeles, CA 90025
(714) 557-3800